

Data	Question
Name:	- What's your name?
ID:	
Age:	- How old are you?
Gender:	- What's your gender?
Address:	- Where do you live?
Job:	- What do you do for a living?
Education:	- Did you go to college?
Relationship: <input type="checkbox"/> married <input type="checkbox"/> single <input type="checkbox"/> divorced	- Are you married?
Contact:	- How may we contact you? Would you prefer social media, phone, email or physical mail?
1. Phone:	
2. Social:	
3. Email:	
4. Mail:	
Birthplace:	- Where's your birthplace and hometown?
Hometown:	
Physical:	Physical:
Height:	
Weight:	
Body type: <input type="checkbox"/> Thin <input type="checkbox"/> Average <input type="checkbox"/> Athletic <input type="checkbox"/> Overweight	
Injury:	- Do you have any lasting injuries?
Illness:	- Do you have any chronic illness?
Disability:	- Do you have any kind of disability?
Background:	Background:
Oranization/Gang:	- Are you part of any club or gang?
Criminal record:	- Have you ever been to jail?
Medication:	- Are you on any kind of medication?
Habit/Addiction:	- Do you have any kind of bad habit or addiction?
Personality:	Personality:
Type:	- What's your personality type?
Detail:	
<input type="checkbox"/> optimistic <input type="checkbox"/> pessimistic	
<input type="checkbox"/> materialistic <input type="checkbox"/> sentimental	
<input type="checkbox"/> friendly <input type="checkbox"/> affectionate <input type="checkbox"/> brave <input type="checkbox"/> charming <input type="checkbox"/> cheerful	
<input type="checkbox"/> calm <input type="checkbox"/> cautious <input type="checkbox"/> cynical <input type="checkbox"/> determined	
<input type="checkbox"/> shy <input type="checkbox"/> nervous <input type="checkbox"/> cowardly	
<input type="checkbox"/> aggressive <input type="checkbox"/> bossy <input type="checkbox"/> impatient	
<input type="checkbox"/> serious <input type="checkbox"/> ambitious <input type="checkbox"/> confident	
<input type="checkbox"/> annoying <input type="checkbox"/> lazy <input type="checkbox"/> selfish	
Orientation:	- What would you do if your friend make some mistakes?
Likes:	- Have you ever thought about owning a corporate empire?
Dislikes:	
Value:	- What's your sexual orientation?
	- What do you like?
	- What do you hate?
	- What do you value most in life?
Activities:	Activities:
Hobby:	- Do you have any hobbies?
Vehicle:	- How do you get to work everyday?
Achievement:	- What's your proudest achievement?
Book:	- What's your favorite book?
Sport:	- Do you play any sport?
Food:	- What's your favorite food?
Religion:	- Are you religious?
Ability:	Ability:
Memory: <input type="checkbox"/> bad <input type="checkbox"/> average <input type="checkbox"/> good	- How good is your memory?
Learning: <input type="checkbox"/> slow <input type="checkbox"/> average <input type="checkbox"/> quick	- Would you consider yourself a quick learner?
Self-control: <input type="checkbox"/> bad <input type="checkbox"/> average <input type="checkbox"/> good	- Do you have any problem with self-control or punctuality?
Skill:	- Do you have any special skill like hacking or lockpicking?
Income:	- How much do you earn a month?
Additional Income:	- Do you have any additional income?
Language:	- How many language can you speak/write in?
Satisfaction: <input type="checkbox"/> yes <input type="checkbox"/> no	- Are you satisfied with your job?
Strength:	- What's your greatest strength?

Weakness:

Event:

Fear:

- What do you struggle with?

- What is the most transformative event in your life?

- What's your greatest fear?

Contacts:

Mother:

Father:

Siblings:

Spouse:

Friend:

Children:

Contacts:

Aliases:

Aliases:

- Do you have any kind of alias or double life?

Accounts:

Website:

Social:

Phone[Mobile]:

Phone[Landline]:

Phone[Work]:

Email:

Email[Work]:

PatientID:

StudentID:

Bank:

Accounts:

- Do you own a website?

- Do you use any social media?